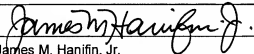
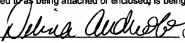


<b>TRANSMITTAL FORM</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>10/656,557 – Conf.# 8184</td> </tr> <tr> <td>Filing Date</td> <td>September 5, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Christopher T. Zirps</td> </tr> <tr> <td>Art Unit</td> <td>3739</td> </tr> <tr> <td>Examiner Name</td> <td>M. J. Kasztejna</td> </tr> <tr> <td>Attorney Docket Number</td> <td>D0188.70228US01</td> </tr> </table>	Application Number	10/656,557 – Conf.# 8184	Filing Date	September 5, 2003	First Named Inventor	Christopher T. Zirps	Art Unit	3739	Examiner Name	M. J. Kasztejna	Attorney Docket Number	D0188.70228US01
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Attorney Docket Number	D0188.70228US01												
(to be used for all correspondence after initial filing)													
Total Number of Pages in This Submission	3												

<b>ENCLOSURES (Check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD  <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b);

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	James M. Hanifin, Jr.		
Date	8/1/08	Reg. No.	39,213

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Date: 8/1/08	Signature:  (Delina A. Andriolo)